

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR/DIST/ DIV. CODE CAN	2. PERSON REPRESENTED VASQUEZ, OSCAR RAMOS	VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER 4-08-70295-WDB	4. DIST. DKT./DEF. NUMBER 808-397 CW	5. APPEALS. DKT./DEF. NUMBER	6. OTHER DKT NUMBER	
7. IN CASE/MATTER OF (Case Name) UNITED STATES v. VASQUEZ	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 18:1028(A)(2)				
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS SETH P. CHAZIN 1164 SOLANO AVE., STE. 205 ALBANY, CA 94706 Telephone Number 510-558-9243		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs for Panel Attorney Prior Attorney's Name: Appointment Date: <input type="checkbox"/> Because the above -named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so requires, the attorney whose name appears in Item 12 is appointed to represent this person in this case. OR <input type="checkbox"/> Other (See Instructions) Mr. Judge Brand Signature Of Presiding Judicial Officer or By Order Of The Court 6-13-08 Date Of Order 5/27/2008 Name Pro Tem Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions. FILED JUN 18 2008 RICHARD W. WIEKING CLERK U.S. DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA		15. FOR COURT USE ONLY CATEGORIES (attached itemization of services with dates) 16. HOURS CLAIMED TOTAL AMOUNT CLAIMED MATH/TECH ADJUSTED HOURS MATH/TECH ADJUSTED AMOUNT ADDITIONAL REVIEW 17. In Court a. Arraignment And/or Plea b. Bail And Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify On Additional Sheets) (RATE PER HOUR =) TOTALS: 18. Out Of Court a. Interview and conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR =) TOTALS: 19. Travel Expenses (Lodging, parking, meals, mileage, etc.) 20. Other Expenses (other than expert transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 21. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: TO: 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature Of Attorney _____ Date _____ APPROVED FOR COURT USE ONLY 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOT. AMT. APPR/CERT. 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28A. JUDGE/MAG CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE 34A. JUDGE CODE		